


# APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	STRUCTURE AND METHOD FOR LOCAL RESISTOR ELEMENT IN INTEGRATED CIRCUIT TECHNOLOGY	
Application Type : regular, utility		
Attorney Docket Number : BUR920030118US1		
Correspondence address:		
Customer Number:	026679	
Inventors Information:		
<u>Inventor 1:</u>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	US	
<b>Given Name:</b>	Jason	
<b>Middle Name:</b>	P.	
<b>Family Name:</b>	Gill	
<b>Residence:</b>		
<b>City of Residence:</b>	Essex Junction	
<b>State of Residence:</b>	VT	
<b>Country of Residence:</b>	US	
<b>Address-1 of Mailing Address:</b>	13 Bobolink Circle	
<b>Address-2 of Mailing Address:</b>		
<b>City of Mailing Address:</b>	Essex Junction	
<b>State of Mailing Address:</b>	VT	
<b>Postal Code of Mailing Address:</b>	05452	
<b>Country of Mailing Address:</b>	US	
<b>Phone:</b>		
<b>Fax:</b>		
<b>E-mail:</b>		
<u>Inventor 2:</u>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	US	
<b>Given Name:</b>	Terence	
<b>Middle Name:</b>	B.	

**Family Name:** Hook  
**Residence:**  
**City of Residence:** Jericho  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 399 Brown's Trace  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Jericho  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05465  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Randy  
**Middle Name:** W.  
**Family Name:** Mann  
**Residence:**  
**City of Residence:** Poughquag  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 227 Pleasant Ridge Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Poughquag  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12570  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** William  
**Middle Name:** J.  
**Family Name:** Murphy  
**Residence:**

**City of Residence:** North Ferrisburgh  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 190 Pierce Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** North Ferrisburgh  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05473  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 5:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** William  
**Middle Name:** R.  
**Family Name:** Tonti  
**Residence:**  
**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** Four Bluestem Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex Junction  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 6:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Steven  
**Middle Name:** H.  
**Family Name:** Voldman  
**Residence:**  
**City of Residence:** South Burlington  
**State of Residence:** VT

**Country of Residence:** US  
**Address-1 of Mailing Address:** 75 Old Farm Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** South Burlington  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05403  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

**practitioner(s) at Customer Number:**  
026679



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10504  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**